PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

olication or Docket Number

1085-2

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			15					RATE	FEE		RATE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	 		BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			15 minus 20=		. 6							710.00	
INDEPENDENT CLAIMS			7 minus 3 =		. 2			X\$ 9=	ļ	OR	X\$18=		
MULTIPLE DEPENDENT CLAIM P				miles 5 =		8		X40=		OR	X80=		
				zero enter	"0" in column 2			+135=		OR	+270=		
								TOTAL		OR	TOTAL	7100	
(Column 1)			AMENDE	MENDED - PAR		2) (Column 3)		SMALL ENTITY		OR	OTHER THAN R SMALL ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total Independent		Minus	**		=		X\$ 9=		OR	X\$18=		
		L" ENTATION OF M	Minus	*** EPENDENT	CLAIM	=		X40=		OR	X80=	-	
				LICIOLINI	CLAIM			+135=		OR	+270=	· · ·	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun		(Column 3)				•	ADDIT: I EE		
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=	-	OR	X\$18=		
	Independent	*	Minus	***		=	ŀ	X40=	<u> </u>	1	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM		F		<u> </u>	OR	700=		
							L	+135=		OR	+270=		
		(Column 4)		10 I			Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colum HIGHE	ST	(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*	Minus	**		=	r	X\$ 9=	1 6-6-	ا	X\$18=	FEE ;	
	Independent	*	Minus	***		=	-	X40=		OR			
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		-	A4U=		OR	X80=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FE										OR [+270=		
***	rtne "Highest Nui f the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Paid	iid For" IN TH iid For" IN TH	IS SPACE is	less than	1 20, enter "20."		TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE mn 1.		